	TE OF NORTH CAROLINA Wayne County Lenoir County GreeneCounty	File No.	In The General Court Of Justice District Court Division Family Court				
Plaintiff:							
	VERSUS		PI (OYFI		FFIDAVIT	
Defendan							
nam empl your	The employer of	on on this form for	use	in a c	ourt proceedir		
1.	Current gross monthly income: Please compute gross monthly income using the followin (if pay period is weekly, multiply weekly gross income b (if pay period is every other week, multiply the gross income (if pay period is twice monthly, multiply the gross income	y 4.3) come by 2.15)			(Gros	s Monthly Income)	
2.	Does the above gross income include income from overtime No Yes (if yes, specify the total amount and the Explanation:		imol	unt.)	Bonuses:		
3	What is employee's current rate of pay?				Avg. per mtn	:	
	Total income for last calendar year.			Gross:		P.0.	
				Net:			
5.	Does the employee receive any benefits other than salary: (cell phone, etc.) No Yes (if yes, explain)	(for example: use of	a ca	ar or			
6.	Is the employee paid on commission?				(A	(,	
7	How often is the employee paid?					y gross from commissions)	
	Number of hours working per day?						
	Number of days working per week?						
8.	What are the employee's deductions from gross pay per page	y period?	Α.	State			
				Feder	· ·		
				FICA:	al Insurance:		
9.	A. If there is a deduction for medical insurance, how much premium is allocated for coverage of children?	of the medical insur				per	
	B. Does the medical insurance include dental and/or other No Yes (If yes, what health care services are of						
	C. What are the terms of the deductible payments required medical coverage provided?	under the					

11.	. How many exemptions a	are claimed?						
	. When is the last date the	ne employee was paid?						
12.	. What pay increase, if an	at pay increase, if any, has the employee received in the past twelve (12) months?						
13.	. What is the nature of the	What is the nature of the employee's work?						
14.	. What date did the emplo	oyee start working for you?						
15.	How long has the employee worked for you? (weeks, months, years). Attach the employee's W-2 Forms for the time that he/she has worked for you up to and including the past three (3) years.							
16.	. Is there any other inform	nation, concerning your employee	e's earnings, which you feel w	vould be helpful to the Court				
		AFFI	DAVIT					
The ι	undesigned, after having b	een duly sworn, deposes and say	/S:					
1.	I am the Personnel Officer	r, or the person in charge of the p	avroll records of (name compa	anv)				
3.	named above. That the information provid other information requeste		earnings, deductions, compar est of my knowledge, inforam	<i>fendant)</i> is an employee of the company by benefits, length of employment, and ation, and belief.				
4.								
	Si	ignature Of Affiant	Title					
^{bate}	RN AND SUBSCRIBED	ignature Of Affiant BEFORE ME THIS DATE	Title					
Date	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR lotary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Iotary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Iotary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Iotary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Iotary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Notary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Notary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Notary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Notary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				
Date SWOR Notary Pu	RN AND SUBSCRIBED	-	Title	(Seal)				